

This form may be completed online, printed and mailed to the address listed.

**APPLICATION  
FOR APPOINTMENT TO THE  
BOARD OF COSMETOLOGY EXAMINERS  
(SCHOOL OWNER MEMBER)**

**PLEASE PRINT OR TYPE**

Name of School:		License Number:	
Legal Owner of School:			
Type of Ownership:			
Corporation	Limited Corporation	Partnership	
Association	Society	Individual/Sole Proprietorship	
Name of Owner (Individual/Sole Proprietorship) or designated representative of owner:			
First	Middle	Last	Credentials (i.e. PhD, etc., if applicable)
Mailing Address of Owner or designated representative of owner:	Street/Box/RR		
	City	State	Zip
Are you a resident of the State of Nebraska?			Answer Yes or No
Business Telephone:		Cell/Pager:	
Residence Telephone:		FAX Number:	
E-Mail Address:			
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?			Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.			
Professional Association	HHS R&L Web Page	Newspaper	
Other (please explain) (Please use additional paper if space inadequate)			

**ELIGIBILITY REQUIREMENTS**

Specify number of years the Legal Owner of School (listed above) has operated this school of cosmetology, esthetics, or nail technology:	
If you are the designated representative of the owner, what position do you currently hold at this school	
Specify number of years the Legal Owner of School (listed above) has operated a school of cosmetology, esthetics, or nail technology in the State of Nebraska	
Please indicate the name(s) of the cosmetology salon(s), esthetics salon(s), nail technology salon(s) or school(s) of cosmetology, esthetics, or nail technology with which the owner or designated representative are affiliated: (Please use additional paper if space inadequate)	

<b>DETAILED DESCRIPTION OF WORK EXPERIENCE IN THE OPERATION OF A SCHOOL OF COSMETOLOGY, ESTHETICS, OR NAIL TECHNOLOGY WITHIN THE LAST FIVE YEARS IN NEBRASKA</b>			
Type of Experience	Location	From/To	Average Number Hours Per Week

<b>ADDITIONAL INFORMATION</b>	
Describe your interest in this profession and why you wish to serve on this Board. (Please use additional paper if space inadequate)	
Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? <b>Answer Yes or No</b>	
If yes, please explain: (Please use additional paper if space inadequate)	
Have you, as the school owner or designated representative, ever had your statutory ability to practice or clinical privileges suspended or revoked? <b>Answer Yes or No</b>	
Are you, as the school owner or designated representative, currently under investigation? <b>Answer Yes or No</b>	

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return completed Application to: Joyce M. Novak, Administrative Assistant,  
Nebraska Department of Health & Human Services Regulation and Licensure,  
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE  
68509-4986  
402/471-0182; FAX 402/471-3577

5/2005